

1. CIR./DIST./DIV. CODE MAX	2. PERSON REPRESENTED CONCE, JUAN	VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 1:04-010049-001	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) U.S. v. CONCE	8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Crack Retroactive Amendment

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.
1) 21 846=CD.F -- CONSPIRACY TO DISTRIBUTE CONTROLLED SUBSTANCE

12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix)
AND MAILING ADDRESS
DILDAY, JAMES S.
27 SCHOOL STREET
BOSTON MA 02108

Telephone Number: _____

14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)
GRAY AND DILDAY
27 SCHOOL STREET
BOSTON MA 02108

13. COURT ORDER

☒ O Appointing Counsel ☐ C Co-Counsel
☐ F Subs For Federal Defender ☐ R Subs For Retained Attorney
☐ P Subs For Panel Attorney ☐ Y Standby Counsel

Prior Attorney's Name: _____

Appointment Date: _____

Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or

☒ Other (See Instructions)

Signature of Presiding Judicial Officer or By Order of the Court

02/28/2008

Date of Order

Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time of appointment. ☐ YES ☒ NO

CLAIM FOR SERVICES AND EXPENSES			FOR COURT USE ONLY				
CATEGORIES (Attach itemization of services with dates)			HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
In Court	15.	a. Arraignment and/or Plea					
		b. Bail and Detention Hearings					
		c. Motion Hearings					
		d. Trial					
		e. Sentencing Hearings					
		f. Revocation Hearings					
		g. Appeals Court					
		h. Other (Specify on additional sheets)					
		(Rate per hour = \$) TOTALS:					
Out of Court	16.	a. Interviews and Conferences					
		b. Obtaining and reviewing records					
		c. Legal research and brief writing					
		d. Travel time					
		e. Investigative and Other work (Specify on additional sheets)					
		(Rate per hour = \$) TOTALS:					
17.	Travel Expenses (lodging, parking, meals, mileage, etc.)						
18.	Other Expenses (other than expert, transcripts, etc.)						
GRAND TOTALS (CLAIMED AND ADJUSTED)							

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE
FROM _____ TO _____

20. APPOINTMENT TERMINATION DATE
IF OTHER THAN CASE COMPLETION

21. CASE DISPOSITION

22. CLAIM STATUS ☐ Final Payment ☐ Interim Payment Number _____ Supplemental Payment
Have you previously applied to the court for compensation and/or reimbursement for this case? ☐ YES ☒ NO If yes, were you paid? ☐ YES ☒ NO
Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? ☐ YES ☒ NO If yes, give details on additional sheets.
I swear or affirm the truth or correctness of the above statements.

Signature of Attorney: _____

Date: _____

23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR / CERT
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE / MAG. JUDGE CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE